Name in Full: Armstrong, Sarah Elizabeth Columbia

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Guilford — County: Carroll

Date of death 1904 — Month: 8 — Day: 28 — Age: Years 60 — Months 10 — Days 8

Sex: Female — Color or Race: White — Birthplace: Md -

Occupation: Housekeeper — Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: John Armstrong

Father's Name: Thomas Hatfield — Father's Birthplace: Md -

Mother's Maiden Name: Margaret Sellman — Mother's Birthplace: Md

Name of person giving information: Lillie Carroll Floh — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism — How long: 3 weeks

Immediate: Endocarditis — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Frank Lucas MD

Address: Sykesville, Md -

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Henrietta Arnold

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sykesville; County: Carroll

Date of death: 1904 August 29th

Age: Years 58; Months —; Days —

Sex: Female

Color or Race: White

Birthplace: Maryland.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband: — Arnold.

Father's Name: Unknown

Father's Birthplace: Unknown

Mother's Maiden Name: "

Mother's Birthplace: "

Name of person giving Information: Charles B. Arnold - [redacted]

How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: ~~Phthisis~~ Phthisis Pulmonalis

How long: six months.

Immediate: Exhaustion

How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Charles D. Hill - M. D.

Address: Springfield State Hos. Sykesville Md -

Accident or Suicide? No.

LIBRARY BUREAU A88618

Name in Full Hannah Bailey

CERTIFICATE OF DEATH

MARYLAND

Died at Town Dinterough County Carroll

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	Aug	26	Age 83	11	7

Sex Female | Color or Race White | Birthplace Balto Co

Occupation none | Where Residing if not at place of death

Married, Single or Widowed Widow | Name of Wife or Husband Fred Bailey

Father's Name Peter Zimmerman | Father's Birthplace —

Mother's Maiden Name Mary Keller | Mother's Birthplace —

Name of person giving Information Jeremiah Shaffer | How related to deceased Son in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Softening of the Brain | How long 11 months

Immediate Paralysis | How long 2 days

Are the name, age, sex, color, date and place correctly given above? Yes | Signature of Physician Eugene K. Albaugh

Address Glen Rock, Pa. R. F. D. No. 1

Accident or Suicide?

LIBRARY BUREAU A88618

Buried at Stultz
Friday 3/6/04
Geo L Gartenstein
undertaker

Name in Full: Charles Henry Bohn

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ballenger's Mill County: Carroll

TO BE ANSWERED BY NEAREST FRIEND

Date of death	1904	Aug.	23	Age: Years —	Months — Days 24
Sex	Male	Color or Race	White	Birthplace	Ballenger's Mill
Occupation	None	Where Residing if not at place of death			Home
Married, Single or Widowed	—	Name of Wife or Husband	—		
Father's Name	Erwin Ellis Bohn			Father's Birthplace	Frederick Co. Md.
Mother's Maiden Name	Ada Florance Butler			Mother's Birthplace	Washington Co. "
Name of person giving Information	From E. Bohn			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Insanition	How long —
Immediate		How long —
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician: O. H. Dillon
		Address: P.O. Creek- Md-
Accident or Suicide?		

LIBRARY BUREAU AB8618

Name in Full: Not Named

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Taylorsville — County: Carroll

Date of death: 1904 — Month: Aug — Day: 28 — Age: Years — Months — Days: 2

Sex: Male — Color or Race: White — Birthplace: Taylorsville

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: Charles Bowers — Father's Birthplace: Fred'k Co. Md

Mother's Maiden Name: Amanda Poole — Mother's Birthplace: Carroll Co. Md

Name of person giving In formation: Charles Bowers — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. T. Crouse.

Address: Taylorsville. Md

Accident or Suicide? —

LIBRARY BUREAU A66616

Name in Full: Bowers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Taylorsville; County: Carroll.

Date of death: Month: Aug; Day: 24; Years: 1904; Age: Months: ; Days: one

Sex: Male; Color or Race: White; Birthplace: Taylorsville

Occupation: ; Where Residing if not at place of death: ;

Married, Single or Widowed: ; Name of Wife or Husband: ;

Father's Name: Chas. E. Bowers; Father's Birthplace: Carroll Co

Mother's Maiden Name: Amanda E. Poole; Mother's Birthplace: Carroll Co

Name of person giving Imformation: A. E. Poole (15); How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Twins. Premature, only lived; How long: ;

Immediate: a few hours.; How long: ;

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. T. Crouse M.D.

Address: Taylorsville Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: John Wesley Costley

CERTIFICATE OF DEATH

MARYLAND

Died at: near Town: Winfield County: Carroll

Date of death 1904 Month: 8 Day: 26 Age: 67 Years 1 Months 26 Days

Sex: Male Color or Race: Colored Birthplace: Near Winfield,

Occupation: Stone Mason Where Residing if not at place of death: Near Winfield,

Married, Single or Widowed: Maried Name of Wife or Husband: Myria Costley

Father's Name: John Costley Father's Birthplace: Winfield

Mother's Maiden Name: Eliza Brisco Mother's Birthplace: Wawbirs Mill

Name of person giving Imformation: Moses Costley How related to deceased: Brother,

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brights Disease How long: 2 yrs.

Immediate: Dropsy & Heart affection How long: 6 months

Are the name, age, sex, color, date and place correctly given above? Yes,

Signature of Physician: C D Crook

Address: Winfield Md.

~~Accident or Suicide~~?

LIBRARY BUREAU A66516

Name in Full: John Columbus Dell

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hampstead; County: Carroll

Date of death: Month: 8; Day: 30; 1907

Age: Years: 64; Months: 3; Days: 23

Sex: Male

Color or Race: Caucasian

Birthplace: Westminster Md.

Occupation: Farmer

Where Residing if not at place of death: Near Hampstead

Married, Single or Widowed: Married

Name of Wife or Husband: Amanda Little

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Amanda Dell

How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever.

How long: 3 days

Immediate: Heart Failure

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edgar M. Bush M.D.

Address: Hampstead, Md.

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full Lila Delphy

Certificate of Death 102

Town Union Bridge County Carroll MARYLAND

Died at

Date 1904 Month 8 Day 3 | Age Y. 72 M. 0 D. 0 | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married Single | ~~Widow~~ Widower | ~~Divorced~~ Number children living

Husband Wife of Jno. Delphy

Father's Name

Mother's Name

Cause of Death: Primary Confinement — How long sick 3 yrs.

Immediate

Accident; Suicide, Homicide

Reported by Dr. A. E. Hyatt

Address Union Bridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: Jacob Fisher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frizellburg; County: Carroll

Date of death 1904: Month: 4 Augt; Day: 12

Age: Years: 77; Months: 10; Days: 3

Sex: Male

Color or Race: white

Birthplace: Md.

Married, Single or Widowed: married

Occupation: Blacksmith

Name of Wife or Husband: Sarah

TO BE ANSWERED BY NEAREST FRIEND

Father's Name:

Father's Birthplace:

Mother's Maiden Name: Annie Shunk

Mother's Birthplace:

Name of person giving In formation: Clara Eckard

How related to deceased: Gd daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: Paralysis

How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jacob Kinchart

Address: Frizellburg

Accident or Suicide?

LIBRARY BUREAU A8881B

Name in Full: John T. Funkhouser

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Tanneytown — County: Carroll

Date of death: 1904 — Month: August — Day: 24 — Years: Age 23 — Months: 5 — Days: 16

Sex: Male — Color or Race: White — Birthplace: Warrentown, Va

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving information: Geo. W. Utz — How related to deceased: no relation

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 37 days

Immediate: Acute Cerebral Meningitis — How long: 4 8 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. L. Kreisley

Address: Westminster Maryland,

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: James L. Harrison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mtairy; County: Carroll

Date of death: Month: Aug; Day: 11th; 1904

Age: Years: 53; Months; Days

Sex: Male

Color or Race: White

Birthplace: Shafers Ville

Occupation: Telegraph Operator

Where Residing if not place of death

~~Married~~, Single, ~~Widowed~~

~~Name of Wife or Husband~~

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Harrison

Father's Birthplace: Near Mtairy

Mother's Maiden Name: Jane Etchison

Mother's Birthplace: Unknown

Name of person giving Information: Rhoda Condon

How related to deceased: Sister

CAUSES OF DEATH

79

PHYSICIAN OR CORONER

Primary: Heart Disease

How long

Immediate: Heart "

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Frank L. Lewis Brown

Address: Mt. Airy. Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Charles H Hatfield

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Manston County: Carroll

Date of death 1904: Month: Aug; Day: 12; Age: Years: 42; Months: 9; Days: 12

Sex: Male; Color or Race: White; Birthplace: —

Married, Single or Widowed: Married; Occupation: Laborer

Name of Wife or Husband: Julia Hatfield

Father's Name: Augustus; Father's Birthplace: —

Mother's Maiden Name: Susan Fourman; Mother's Birthplace: —

Name of person giving Information: Chas Roop; How related to deceased: No

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis; How long:

Immediate: ; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F J Brooks MD

Address: Westminster Carroll County Md

Accident or Suicide?

LIBRARY BUREAU A88516

H Bankard Geo.
Undertaker

Name in Full: Harry Hoffman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt. Airy County: Carroll

Date of death: 1904 Month: Aug Day: 17 Age: Years: 1 Months: 2 Days:

Sex: Male Color or Race: White Birthplace:

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malnutrition How long: Since birth

Immediate: Pthoraitis How long: several days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: D.C. Burson

Address: Garrett Hospt. Mt Airy

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Annie Belinda Horner

CERTIFICATE OF DEATH

MARYLAND

515

Died at — Town: Westminster — County: Carroll

Date of death: Month: Aug — Day: 22 — 1904 — Age: Years: 64 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Carroll Co.

Occupation: Housekeeper — Where Residing if not at place of death: Home

Married, Single or Widowed: Widow — Name of Wife or Husband:

Father's Name: Josephus Johnson — Father's Birthplace: Carroll Co

Mother's Maiden Name: Polly Routzahn — Mother's Birthplace: " "

Name of person giving information: Myrtle Marsh — How related to deceased: Niece.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Dilatation — How long: 1 yr

Immediate: Cardiac Syncope — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jos. T. Herring

Address: Westminster Md

Accident or Suicide?

LIBRARY BUREAU A88018

64-8-4

St Benjamin

"

Name in Full: Alice Virginia Howard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hampstead County: Carroll

Date of death 1904 Month: 8 Day: 23 Age: 43 Years — Months — Days —

Sex: Female Color or Race: White Birthplace:

Married, Single or Widowed: Married Occupation: Housewife

Name of Wife or Husband: Wm Howard

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cold How long:

Immediate: Consumption How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. E. Wells M.D.

Address: Hampstead, Md.

Accident or Suicide:

LIBRARY BUREAU A88516

Name in Full: Honora Hughes

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sykesville; County: Carroll

Date of death: 1904 Month: Aug Day: 4

Age: Years: 87 Months: Days:

Sex: Female

Color or Race: White

Birthplace: Co Galaway Ireland

Occupation: Housework

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of Wife or Husband: Patrick Hughes

Father's Name: John Kenny (154)

Father's Birthplace: Ireland

Mother's Maiden Name: Unknown

Mother's Birthplace: Ireland

Name of person giving Information: Annie Hughes 154

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility

How long: 2 years

Immediate: Failure of Nervous System

How long: 4 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Daniel B. Strecker

Address: Sykesville Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Naomi Catherine Hull

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Silver Run — County: Carroll

Date of death: Month: August — Day: 2nd — 1904

Age: Years: 6 — Months: — Days: 21

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death:

~~Married, Single or Widowed~~ — Name of ~~Wife~~ or ~~Husband~~:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Hull — Father's Birthplace: Maryland

Mother's Maiden Name: Mary Mount — Mother's Birthplace: "

Name of person giving information: Charles Hull — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Congestion of Lungs — How long: Six months

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. J. Stewart

Address: Union Mills Md

Accident or Suicide:

LIBRARY BUREAU A&U516

Name in Full: John P. Ingles ✓

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Taylorsville; County: Carroll

Date of death: 1904; Month: 8; Day: 9; Age: Years: 57; Months: 7; Days: 25

Sex: Male; Color or Race: White; Birthplace: Sams Creek.

Occupation: Laborer; Where Residing if not at place of death: Taylorsville

Married, Single or Widowed: Divorced; Name of Wife or Husband: ~~~~

Father's Name: Hanson T. Ingles; Father's Birthplace: Sams Creek

Mother's Maiden Name: Julia A. Stem; Mother's Birthplace: Near Manchester

Name of person giving Information: Jas. A. Barnes; How related to deceased: Bro.-in-law.

40

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Stomach. How long: Six Months

Immediate: Asthenia How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. T. Crouse

Address: Taylorsville Md

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Mary Elizabeth Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Taneytown — County: Carroll

Date of death 1904 — Month: Aug. — Day: 14 — Years: about 78 — Months: — Days: —

Sex: Female — Color or Race: African — Birthplace: Carroll Co. Md.

Occupation: Retired — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Caleb Johnson

Father's Name: William Matthews — Father's Birthplace: Carroll Co. Md.

Mother's Maiden Name: Shant — Mother's Birthplace: Don't know

Name of person giving Information: George Fraling — How related to deceased: Son-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholelithiasis. — How long: Several years

Immediate: Gall-stone Colic — How long: 18 hours.

Are the name, age, sex, color, date and place correctly given above? All Except age. This is not definitely known.

Signature of Physician: G. H. Deiry. M.D.

Address: Taneytown. Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Henry C. Kenoff

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Gist — County: Carroll

Date of death 1904 — Month: Aug — Day: 26 — Age: Years / Months 1 / Days 4

Sex: Male — Color or Race: White — Birthplace: Gist

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry M. Kenoff — Father's Birthplace

Mother's Maiden Name: Adspire Wilson — Mother's Birthplace: Windfield

Name of person giving Information: Mrs Columbus Shipley — How related to deceased

105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion — How long: one week

Immediate: Entero-Colitis — How long: 4 days

106

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E Pleasants

Address: Winfield Carroll Co Md.

Accident or Suicide?

LIBRARY BUREAU A69918

Name in Full: Catharine Kraft

CERTIFICATE OF DEATH

516

Died at: Town: near Westminster — County: Carroll — MARYLAND

Date of death: 1904 Month: Aug Day: 22. — Age: Years: 76 Months: 6 Days: —

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: none — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of ~~Wife or~~ Husband: Phillip Kraft

Father's Name: Dont Know — Father's Birthplace:

Mother's Maiden Name: Dont Know — Mother's Birthplace:

Name of person giving Information: Elizabeth Kerr — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Jaundice & Dysentary — How long: 14 days

Immediate: Bowel trouble — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: M Z Batt

Address: Westminster

Accident or Suicide?

LIBRARY BUREAU A88516

Shane

Bethesda

Name in Full: Margie Amelia Sigler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Finksburg; County: Carroll

Date of death 1904: Month: Aug; Day: 17; Age: Years —; Months: 8; Days:

Sex: Female; Color or Race: White; Birthplace:

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

Father's Name: George Sigler; Father's Birthplace: Woodsboro Md.

Mother's Maiden Name: Rosie Kramer; Mother's Birthplace: Frederick Co. Md.

Name of person giving information: Alfred E. Kramer; How related to deceased: Grand Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum; How long: 10 days

Immediate: Exhaustion; How long: 1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. M. Bloder

Address: Reisters Town Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full — Certificate of Death

Lewis B Lusby

Died at Manchester, Town — Carroll, County — MARYLAND

Date 1924 Month Aug Day 5 | Age 70 Y. 7 M. 0 D. | Native of America | Occupation Retired farmer

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living Seven

Husband of / Wife Barbara Mozorah ~~Lusby~~ Shaffer

Father's Name Benjamin Lusby | Mother's Maiden Name Hemler

Cause of Death — Primary: Heart failure | How long sick 24 hours

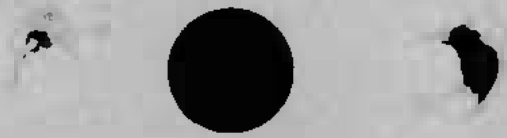
Immediate | Accident, Suicide, Homicide

Reported by J A Preston MD

Address Manchester | Manchester

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full: Samuel Barger Longley

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Taneytown; County: Carroll

Date of death: Month: Aug; Day: 16; 1904

Age: Years: 59; Months; Days

Sex: male; Color or Race: White; Birthplace: Md

Occupation: Farmer; Where Residing if not at place of death:

Married, Single or Widowed: Widower; Name of Wife or Husband: Mary Stevig

Father's Name: Thomas Longley; Father's Birthplace: Md

Mother's Maiden Name: Mary Galt; Mother's Birthplace: Md

Name of person giving Information: Susan Susan Copies; How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer; How long:

Immediate: Cancer of Stomach; How long: 1 Year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. Bowie

Address: Taneytown

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Rose Petrie McCabe

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt Airy — County: Carroll

Date of death 1904 — Month: Aug — Day: 11 — Age — Years: 2 — Months: 5 — Days:

Sex: Female — Color or Race: White — Birthplace: Baltimore

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Hugh McCabe — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Mother — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchio-pneumonia — How long: 3 months

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. C. Burson

Address: Mt Airy (Garrett Hosp)

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Bruce May Lugh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Airy | County: Carroll

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month: Aug. | Day: 17 | Age: Years: 1 | Months: 3 | Days:

Sex: Male | Color or Race: white | Birthplace:

Occupation: | Where Residing if not at place of death:

Married, Single or Widowed: Single | Name of Wife or Husband:

Father's Name: | Father's Birthplace:

Mother's Maiden Name: | Mother's Birthplace:

Name of person giving Information: | How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malnutrition | How long: since birth

Immediate: Enteritis | How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: E. L. Burson

Address: Garrett Hosp'l. Mt Airy.

Accident or Suicide?

LIBRARY BUREAU A8931S

Name in Full: Wm Field Mudford

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sykesville — County: Carroll

Date of death: Month: 1904 aug — Day: 9 — Years: Age 47 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: None — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

Father's Name — Father's Birthplace:

Mother's Maiden Name — Mother's Birthplace:

Name of person giving Information — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

106

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero Colitis — How long: 5 days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Emmett Clark M.D.

Address: Sykesville Md.

Accident or Suicide?

LIBRARY BUREAU A69316

Name in Full: Charles F. J. Miller

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sykesville — County: Carroll

Date of death 1904 — Month: Aug — Day: 4 — Age — Years: 29 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Miner — Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband:

Father's Name: ? — Father's Birthplace: ?

Mother's Maiden Name: ? — Mother's Birthplace: ?

Name of person giving information: Hospital Records — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intussusception, Ulcer (typhoid) — How long: sick 2 weeks

Immediate: Exhaustion — How long: 6 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. C. Clark M.D.

Address: Sykesville Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Rebecca Mozelock

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Silver Run — County: Carroll

Date of death 1904: Month: August — Day: 14th — Age: Years: 72 — Months: 11 — Days: 8

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Home Keeper — Where Residing if not at place of death:

~~Married~~, ~~Single~~ or Widowed — Name of ~~Wife~~ or Husband: Dennis Mozelock

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jacob Slyder — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Harvey Mozelock — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease — How long:

Immediate: Heart Failure — How long: Six weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. J. Stewart

Address: Union Mills

Accident or Suicide?

LIBRARY BUREAU A3U618

Name in Full: Henry P. Myers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Union Mills — County: Carroll

Date of death: Month: aug — Day: 31 — Year: 1904 — Age: Years: 81 — Months: — — Days: —

Sex: male — Color or Race: White — Birthplace: Maryland

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: marri'd — Name or Wife or Husband: Mary A. Myers

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: Jacob Myers — How related to deceased: son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: old age — How long: —

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Edw. E. Frazer undertaker

Address: Union Mills Md

Accident or Suicide?

LIBRARY BUREAU A8810

Name in Full: Elizabeth Orendorff.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Harney; County: Carroll

Date of death 1907: Month: August; Day: 5

Age: Years: 83; Months: 6; Days: 19

Sex: Female

Color or Race: White

Birthplace: Gettysburg.

Occupation: House wife

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of ~~Wife or~~ Husband: Joseph Orendorff

Father's Name: John Kemper

Father's Birthplace:

Mother's Maiden Name: Susan

Mother's Birthplace:

Name of person giving Information: Joseph

How related to deceased: Husband.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age

How long:

Immediate: Heart failure

How long:

Are the name, age, sex, color, date and place correctly given above? As near as I can get.

Signature of Physician: W. S. Pearre

Address: Harney Md.

Accident or Suicide?

LIBRARY BUREAU A88918

Name in Full: John. I Orndorff

CERTIFICATE OF DEATH

MARYLAND

513

Died at: Town: Westminster — County: Carroll

Date of death 1904 — Month: Aug. — Day: 14 — Age: Years 36 — Months 5 — Days 8

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Merchant — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Almedia Corbin

Father's Name: Josephus Orndorff — Father's Birthplace: Maryland

Mother's Maiden Name: Catharine Kuhn — Mother's Birthplace: do

Name of person giving information: Almedia Orndorff — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Miliary Tuberculosis — How long: 6 months

Immediate: Exhaustion — How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dan'l D Wells M D

Address: Westminster

Accident or Suicide?

LIBRARY BUREAU A88816

Shaw

St Johns

Name in Full: Ridgley, Samuel, Bowling, Jr.

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Sykesville — (County): Carroll

Date of death: Month 8 — Day 25 — Years — — Months 3 — Days 15

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Son — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel, William Ridgley — Father's Birthplace: Md.

Mother's Maiden Name: Sadie Elizabeth Shipley — Mother's Birthplace: Md.

Name of person giving Information: Sid. Ridgley — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia 93 — How long: 24 hours

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Frank Price M.D.

Address: Sykesville, Md.

Accident or Suicide: —

LIBRARY BUREAU A83816

Messrs

Name in Full: William George Ruehart

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westminster; County: Carroll

Date of death: 1904 August 23

Age: 68 Years 9 Months 16 Days

Sex: Male

Color or Race: White

Birthplace: Carroll Co

Occupation: Retired Farmer

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Caroline Byers Ruehart

Father's Name: John Ruehart

Father's Birthplace: Westminster

Mother's Maiden Name: Maggart Weaver

Mother's Birthplace: Gettysburg

Name of person giving information: Jas Earle Wantz

How related to deceased: Son-in-Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Indigistion

How long: 6 days.

Immediate: Internal Hemorrhage

How long: 36 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas. R. Fouts M.D.

Address: Westminster Md

Accident or Suicide?

LIBRARY BUREAU A88816

Thanks

Kinders

Name in Full: Naomi Robertson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mt Airy — County: Carroll

Date of death: Month: 1904 Aug. — Day: 9 — Age: Years: 1 — Months: — Days: —

Sex: female — Color or Race: White — Birthplace: —

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving In formation: — — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malnutrition, (diarrhoea) — How long: 5 days.

Immediate: exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: E. C. Burson

Address: Garrett Hospital, Mt Airy

Accident or Suicide?

LIBRARY BUREAU A88376

Name In Full Margaret Ann Shiledt

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town)	Taneytown	(County)	Carroll		
Date of death	1904 Month: Aug	Day: 23	Years: 74	Months: 1	Days: 6
Sex	Female	Color or Race	White	Birthplace	Md
Occupation	Housekeeper	Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	James Shildt		
Father's Name	Gideon Hitesheue			Father's Birthplace	Md
Mother's Maiden Name	Mary A. McCulloch			Mother's Birthplace	
Name of person giving Imformation	Jas Shildt Husband			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Senile dementia	How long	3 Yrs
Immediate	Hemiplegia	How long	1 Yr.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. E. Birnie
		Address	Taneytown
Accident or Suicide?			

LIBRARY BUREAU A88816

Name in Full: Blanch. Shaeffer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Westminster — County: Carroll

Date of death 1904 — Month: Aug — Day: 3 — Age — Years: — Months: 9 — Days:

Sex: Female — Color or Race: White — Birthplace: Westminster

Occupation: none — Where Residing if not at place of death: Home

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Frank. Shaeffer — Father's Birthplace: Carroll Co

Mother's Maiden Name: Cora Helm — Mother's Birthplace: " "

Name of person giving Information: Frank Shaeffer — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera infantum. — How long: 5 Hours

Immediate: Collapse. — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno. S. Mathias.

Address: Westminster Md.

Accident or Suicide?

LIBRARY BUREAU A88816

St Bluff ainé

Name in Full: Paul Luther Shanebrook

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Taneytown — County: Carroll

Date of death: Month: Aug — Day: 11 — 1904

Age: Years: — Months: 4 — Days: 24

Sex: Male — Color or Race: White — Birthplace: Taneytown Dist

Occupation: — Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Howard A. Shanebrook — Father's Birthplace:

Mother's Maiden Name: Effa C. Mayers — Mother's Birthplace:

Name of person giving Information: H. A. Shanebrook — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bottle fed — How long:

Immediate: Enteric Colitis — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: C. Birnie MD

Address: Taneytown

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full

Elsie Sherman

Certificate of Death

No 105

Died at Town Middleburg County Carroll MARYLAND

Date 1914 Month 8 Day 10 | Age Y. — M. 8 D. 27 Native of Carroll Co Occupation —

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband / Wife of —

Father's Name Chas Sherman Mother's Name Daisy Sherman.

Cause of Death { Primary Cholera Infantum How long sick 3 days

Immediate

Accident, Suicide, Homicide

Reported by H. Lincoln Brown.

Address Union Bridge.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Americus Shoumaker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Taney town; County: Carroll

Date of death: Month: Aug; Day: 27; 1904; Age: Years: 77; Months; Days

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: Retired farmer; Where Residing if not at place of death:

Married, Single or Widowed: Widower; Name of Wife or Husband: Mary Reindollar

Father's Name: John Shoumaker; Father's Birthplace: Md

Mother's Maiden Name: Lydia Lightner; Mother's Birthplace: Md

Name of person giving Imformation: Thomas Fleagle; How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral insufficiency; How long: 4 Yrs

Immediate: Anasarca; How long: 1 Yr

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A Guinn

Address: Taney town

Accident or Suicide?

LIBRARY BUREAU A69616

Name in Full: Goldie Smelser

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Stoneersville — County: Carroll

Date of death — Month: Aug — Day: 1 — Years: 2 — Months: 1 — Days: 4

Sex: Female — Color or Race: White — Birthplace: Carroll Co

Occupation: none — Where Residing if not at place of death: Home

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Amos Smelser — Father's Birthplace: Carroll Co

Mother's Maiden Name: Agnus Baukend — Mother's Birthplace: "

Name of person giving In formation: Amos Smelser — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enter-Colitis — How long: 3 weeks

Immediate: — How long:

Are the name, age, sex, color. date and place correctly given above? Yes

Signature of Physician: Jos. D. [illegible]

Address: Westminster Md

Accident or Suicide? —

LIBRARY BUREAU A88816

Name in Full: Hester G. Sticher

CERTIFICATE OF DEATH

MARYLAND

518

Died at: Town: Westminster; County: Carroll

Date of death: 1904; Month: Aug; Day: 7; Age: Years: 48; Months: 11; Days:

Sex: Female; Color or Race: White; Birthplace: Maryland

Occupation:

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Married; Name of ~~Wife~~ Husband: John G. Sticher

Father's Name: Charles Groff; Father's Birthplace: Maryland

Mother's Maiden Name: Elyabeth Spencer; Mother's Birthplace: Del

Name of person giving In formation: John G Sticher; How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion; How long: 2 days

Immediate: Heart Syncope; How long: 24 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm D Wells

Address: Westminster

Accident or Suicide?

1904

LIBRARY BUREAU A6881Q

Name in Full: Mary Jane Stoner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Windsor; County: Carroll

Date of death 1904: Month: Aug; Day: 16; Age: Years: 64; Months: 7; Days:

Sex: Female; Color or Race: White; Birthplace: Uniontown

Married, Single or Widowed: Married; Occupation:

Name of Wife or Husband: Samuel Stoner

Father's Name: John Babylon; Father's Birthplace:

Mother's Maiden Name: Mary Shriner; Mother's Birthplace:

Name of person giving information: Joseph England; How related to deceased: son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis; How long:

Immediate: Debility; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G H Bucn

Address: New Windsor Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Keble Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Westminster; County: Carroll

Date of death: 1904; Month: Aug.; Day: 24th; Age: Years: 19; Months: 9; Days:

Sex: Male; Color or Race: White; Birthplace: Philadelphia Pa

Occupation: None; Where Residing if not at place of death: at Home

Married, Single or Widowed; Name of Wife or Husband:

Father's Name: Elbert Burr Taylor; Father's Birthplace: Conn.

Mother's Maiden Name: Katharine A. ~~Taylor~~ Johnson; Mother's Birthplace: Conn.

Name of person giving Information: Self; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever; How long: 5 weeks

Immediate: Cardiac Syncope; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. T. Herring

Address: Westminster Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88816

Name in Full — Certificate of Death

Miss Sadie Abrilla Warehime

Died at Town: Millers — County: Carroll — MARYLAND

Date 1894 Month: Aug Day: 11 | Age Y. 22 M. 1 D. 28 | Native of Maryland | Occupation —

~~Male~~ / White / Married / ~~Widow~~ / ~~Divorced~~

Female / ~~Colored~~ / Single / ~~Widower~~ / ~~Number of children living~~

Husband / Wife of — —

Father's Name: Lew R Warehime — Mother's Name: Ella A Gardner

Cause of Death — Primary: Tuberculosis — How long sick: 2 years

Immediate — Accident, Suicide, Homicide

Reported by J H Sherman M.D.

Address Manchester Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78700

CERTIFICATE OF DEATH

MARYLAND

Name in Full: John Washington Heaut

Died at: Town: Double Pipe Creek County: Carroll

Date of death: Month: Aug. Day: 29. Year: 1904

Age: 67 Months: 6 Days: 7

Sex: Male

Color or Race: White

Birthplace: Carroll Co. Md.

Occupation: Retired. (Merchant)

Where Residing if not at place of death: D.P. Creek Md.

Married, Single or Widowed: Married

Name of Wife or Husband: Hannah E. Miller

Father's Name: Jacob Heaut.

Father's Birthplace: —

Mother's Maiden Name: Sarah Harner.

Mother's Birthplace: —

Name of person giving Information: Hannah E. Heaut

How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary tuberculosis — How long: 5 years.

Immediate: Emaciation, debility, heart failure - first 2- — How long: 1 year.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. H. Diller

Address: D. P. Creek Maryland.

Accident or Suicide? /

LIBRARY BUREAU A88516

Name in Full: Levi Nearn Sykesville Md

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Springfield Hosp. County: Carroll

Date of death 1904 Month: Aug. Day: 13 Years: Age 89 Months: Days:

Sex: Male Color or Race: White Birthplace: U.S.

Occupation: Cap[illegible] maker Where Residing if not at place of death:

~~Married, Single~~ or Widowed: Name of Wife or Husband:

Father's Name: ? Father's Birthplace: ?

Mother's Maiden Name: ? Mother's Birthplace: ?

Name of person giving Information: How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular lesions How long: ?

Immediate: Acute dilitation How long: Few minutes

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. C. Stone M.D.

Address: Sykesville Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Zepp

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Westminster — County: Carroll Co

Date of death: Month: 1904 Aug — Day: 8th — Age: Years — Months — Days: Few hours

Sex: Male — Color or Race: White — Birthplace: Carroll Co

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Arthur Zepp — Father's Birthplace: Carroll Co.

Mother's Maiden Name: Annie Richardson — Mother's Birthplace: Balto Co.

Name of person giving Information: Father — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: —

Immediate: Collapse — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Daniel B. Strecher M.D.

Address: Sykesville

Accident or Suicide?

LIBRARY BUREAU A88516